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APPLICANTS

Edgar A. Otto, Boca Raton, FL;

Gregory M. Otto, Delray Beach, FL;

** CONTINUING DATA ***** *CIP*

This application is a CIP of 10/401,260 03/27/2003 PAT 6,857,137

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CP</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

30448
 AKERMAN SENTERFITT
 P.O. BOX 3188
 WEST PALM BEACH , FL
 33402-3188

TITLE

Urine collection device

FILING FEE RECEIVED 574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue) <input checked="" type="checkbox"/> Other _____
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